



Adoptions From The Heart®

APPLICATION - DOMESTIC ADOPTION or PRIVATE ADOPTION SERVICES

Please check the service you are applying for:

1. Domestic Adoption Program:

2. Home Study ONLY: Full Update

3. Private: Intermediate Identified Parental Placement (VA) **4. Post Placement Services**

APPLICANT A

APPLICANT B

LEGAL Name _____
Last First Middle

LEGAL Name _____
Last First Middle

Preferred Name _____

Preferred Name _____

Preferred Pronouns _____

Preferred Pronouns _____

Maiden Name (if applicable) _____

Maiden Name (if applicable) _____

Birth Date _____ Gender Identity _____

Birth Date _____ Gender Identity _____

Place of Birth _____

Place of Birth _____

Age _____ Religion _____

Age _____ Religion _____

Race _____ Ethnicity _____

Race _____ Ethnicity _____

Social Security # _____

Social Security # _____

Immigration Status: U.S. Citizen? Y / N Other? _____

Immigration Status: U.S. Citizen? Y / N Other? _____

Have either of you...(circle Y or N for each question below)

Been arrested? Y / N Been convicted? Y / N Received other than an honorable discharge from the military? Y / N

Turned down by an adoption agency? Y / N Accused of child neglect/abuse? Y / N Had a founded case of child neglect/abuse? Y / N

YOUR CONTACT INFORMATION

Email _____

Email _____

Cell Phone _____

Cell Phone _____

RESIDENCE

Address _____

Own Rent Date purchased/rented: _____

County _____ Telephone _____

Monthly payment _____ Monthly Utility _____

Value of home _____

EMPLOYMENT

Employer _____

Employer _____

Your Title _____

Your Title _____

Telephone _____

Telephone _____

Salary _____ Dates of Employment _____

Salary _____ Dates of Employment _____

Life insurance amount _____

Life insurance amount _____

Other income _____

Other income _____

MARRIAGE/CIVIL UNIONS/LEGAL PARTNERSHIP

Current Status:
 Married/Civil Union/Legal Partnership
date of marriage/civil union: _____

Cohabiting
length of relationship & time living together: _____

Single

Previous Marriages/Unions? No Yes, previous dates: _____

Child Support? No Yes, amount: _____

Current Status:
 Married/Civil Union/Legal Partnership
date of marriage/civil union: _____

Cohabiting
length of relationship & time living together: _____

Single

Previous Marriages/Unions? No Yes, previous dates: _____

Child Support? No Yes, amount: _____

MAIN OFFICE

WYNNWOOD, PA
30-31 Hampstead Circle
Wynnewood, PA 19096
610.642.7200

BRANCH OFFICES

ALLENTOWN, PA
2212 Union Blvd
Allentown, PA 18109
610.432.2384

CENTRAL PA
5630 Linglestown Road
Unit # 3012
Harrisburg, PA 17112
717.399.7766
717.232.1787

PITTSBURGH, PA
PO BOX 1472
New Castle, PA 16103
724.853.6533

NEW JERSEY
451 Woodland Avenue
Cherry Hill, NJ 08002
856.665.5655
732.335.8883

DELAWARE
18-A Trolley Square
Wilmington, DE 19806
302.658.8883

VIRGINIA
1407 Stephanie Way, Suite H
Chesapeake, VA 23320
757.361.0008
804.218.2569

CONNECTICUT
1 Regency Drive # 108
Bloomfield, CT 06002
860.657.2626

NEW YORK
87 MINEOLA BLVD
2ND FLOOR
MINEOLA, NY 11501
800.355.5500

Services are provided to clients
without regard to race,
color, religion, ancestry, sex,
marital status, disability,
sexual orientation, gender identity,
gender expression, age or limited
English proficiency.

EDUCATION

APPLICANT A

APPLICANT B

Name of High School _____	Year Graduated _____
Name of College _____	
Date _____	Degree Earned _____
Name of College _____	
Date _____	Degree Earned _____
Other education _____	

Name of High School _____	Year Graduated _____
Name of College _____	
Date _____	Degree Earned _____
Name of College _____	
Date _____	Degree Earned _____
Other education _____	

CHILDREN

Name	Date of Birth	Health	Biological or Adopted	Do they reside with you?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHERS RESIDING IN YOUR HOME

Name	Relationship	Age	Do you financially support them?
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS ADDRESSES

To meet Act 160 of 2004 (*an amendment relating to 23 Pa. C.S. Chapter 63 of the Child Protective Services Law*) requirements, all prospective adoptive families are required to provide previous addresses within the last ten years. New Jersey residents need to provide addresses since age 18. Please list below all addresses where you have lived in the last ten years (*since age 18 for NJ residents*) and the dates you lived there.

APPLICANT A

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

APPLICANT B

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

ADOPTION PROGRAM DETAILS

Date attended Informational Meeting/Webinar (only required for Full Domestic Adoption Program):

Please state the age range of child you are requesting (for example, 0-18 months)

REFERRAL SOURCE - Please tell us how you heard about Adoptions From The Heart:

- Verizon Superpages (internet) Newspaper: Radio Advertisement
 Verizon Superpages (Yellow Pages) Magazine: TV Advertisement
 Rainbowkids Website Doctor or Clinic Facebook
 AFTH Website Friend Not sure
 Other Internet: Family Member Other:
 Past AFTH Client Attorney

REFERENCES

Please list five (5) references (not relatives) who have observed you with children or in situations that would indicate your capacity to parent. If you are a New Jersey resident, one reference must be from a neighbor, one from someone who has known you for over five years and one from your current employer, supervisor, former employer, teacher, etc.

Table with 3 columns: Name, Phone Number, Email Address. Rows 1-5 for listing references.

EMERGENCY CONTACTS

Please list two (2) relatives or friends who may be contacted if we are unable to reach you and need to contact you quickly. These relative contacts are also required by some state regulations. We need to have them complete. Thank you for your time.

Name
Phone () Email

Name
Phone () Email

I/We certify that the above information is true and correct to the best of my/our knowledge. By signing below I/we am/are giving Adoptions From The Heart consent to obtain certification from any statewide child abuse and neglect registry.

By signing above you are consenting to receive news/marketing emails from Adoptions From The Heart (www.afth.org). Check here to OPT OUT of our e-news. You can unsubscribe at anytime by clicking the Unsubscribe link at the bottom of every email.

Please send:

- completed application
 signed Contract
 Agency Policies for Domestic Adoption to Adoptions From The Heart (not applicable for Home Study Only clients)
 non-refundable Application Fee of \$ (See Current Fee Schedule for appropriate amount)

Method of Payment: Checks made payable to Adoptions From The Heart.
 ACH Bank Transfer (an invoice will be sent via email and will add a 1% fee up to \$15 each invoice)

Signature Date Signature Date

Humanitarian Aid: Families are encouraged to make a tax deductible donation of \$100.00 toward the AFTH Expecting and Birth Parent Support Fund*. 100% of this donation will be used to benefit expecting and birth parents we work with who are in severe economic need. A receipt will be given to you for tax purposes. *You can include a separate check made payable to Adoptions From The Heart for Expecting and Birth Parent Support Fund or request to be invoiced for your donation. Donations of more than \$100.00 are also welcomed. Enclosed is a donation of \$.